

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| Title of Invention   | Load-Resistant Coaxial Transmission Line |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
|--|--|-----------|-------------|-----------------|-------------|-----------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|--|
| Application Number :<br>Date :<br>First Named Applicant: Mr. David R. Hall<br>Attorney Docket Number: 66.0008  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 750</b>   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Patent fees are subject to annual revisions on or about October 1st of each year.  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Filing as large entity   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| BASIC FILING FEE   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>750</td><td>750</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 750</td></tr></tbody></table>   |  |           |             | Fee Description | Fee Code    | Amount \$ | Fee Paid \$ | Utility Filing Fee | 1001              | 750 | 750  | Subtotal For Basic Filing Fees: \$ 750 |   |                        |   |      |    |   |                                      |  |  |  |  |
| Fee Description  | Fee Code                                 | Amount \$ | Fee Paid \$ |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Utility Filing Fee   | 1001                                     | 750       | 750         |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 750   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| EXTRA CLAIM FEES   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 18</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>1201</td><td>84</td><td>0</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |  |           |             | Fee Description | Extra Claim | Fee Code  | Amount \$   | Fee Paid \$        | Total Claims : 18 | 0   | 1202 | 18                                     | 0 | Independent Claims : 1 | 0 | 1201 | 84 | 0 | Subtotal For Extra Claims Fees: \$ 0 |  |  |  |  |
| Fee Description  | Extra Claim                              | Fee Code  | Amount \$   | Fee Paid \$     |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Total Claims : 18  | 0  | 1202      | 18          | 0               |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Independent Claims : 1   | 0  | 1201      | 84          | 0               |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Subtotal For Extra Claims Fees: \$ 0   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b>  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>  |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Deposit account number:  | 180584                                   |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Access Code  | *****                                    |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Deposit name:  | Reed Tool Co.                            |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Deposit authorized name:   | Jeffrey E. Daly                          |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Signature:   | Jeffrey E. Daly                          |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Date (YYYYMMDD):   | 2003-09-25                               |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.   |  |           |             |                 |             |           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |